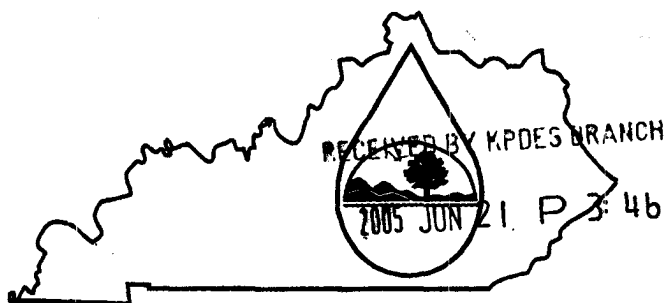


KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0027413
A. Name of business, municipality, company, etc. requesting permit PRESTONSBURG CITY'S UTILITIES WASTEWATER TREATMENT PLANT			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: PRESTONSBURG WASTEWATER TREATMENT PLANT		Owner Name: PRESTONSBURG CITY'S UTILITIES COMM	
Facility Location Address (i.e. street, road, etc.): 1741 NORTH LAKE DRIVE		Mailing Street: 2560 SOUTH LAKE DRIVE	
Facility Location City, State, Zip Code: PRESTONSBURG, KY 41653		Mailing City, State, Zip Code: PRESTONSBURG, KY 41653	
		Telephone Number: (606) 886-6871	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 4952 PUBLICLY OWNED TREATMENT WORKS

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

FLOYD

City where facility is located (if applicable):

PRESTONSBURG

C. Body of water receiving discharge:

LEVISA FORK OF THE BIG SANDY RIVER

D. Facility Site Latitude (degrees, minutes, seconds):

N37° 41' 27"

Facility Site Longitude (degrees, minutes, seconds):

W 82° 46' 35"

E. Method used to obtain latitude & longitude (see instructions): U.S.G.S. TOPOGRAPHIC MAP

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: LARRY PRATER	Telephone Number: (606)886-6181
Operator Mailing Address (Street): 1741 NORTH LAKE DRIVE	
Operator Mailing Address (City, State, Zip Code): PRESTONSBURG, KY 41653	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: CLASS III	Certification Number: 5846

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0027413	Issue Date of Current Permit: JANUARY 1, 2002	Expiration Date of Current Permit: DECEMBER 31, 2005
Number of Times Permit Reissued: 5	Date of Original Permit Issuance: MARCH 20, 1975	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	PRESTONSBURG CITY'S UTILITIES COMM
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	LARRY PRATER
DMR Mailing Street:	2560 SOUTH LAKE DRIVE
DMR Mailing City, State, Zip Code:	PRESTONSBURG, KY 41653
DMR Official Telephone Number:	(606)886-6871

VII. APPLICATION FILING FEE

KPDDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

POTW

Filing Fee Enclosed:

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

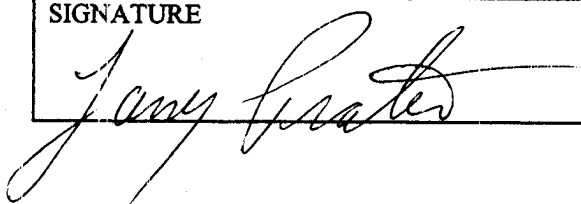
NAME AND OFFICIAL TITLE (type or print):

LARRY PRATER

TELEPHONE NUMBER (area code and number):

(606)886-6181

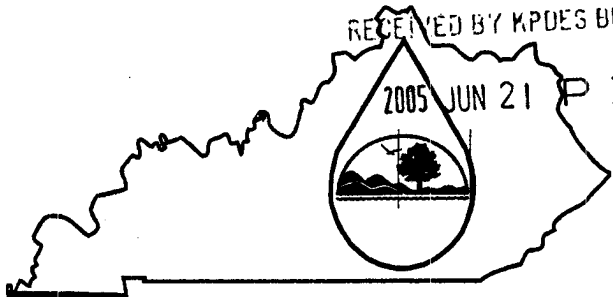
SIGNATURE



DATE:

6-17-05

KPDES FORM A



RECEIVED BY KPDES BRANCH
2005 JUN 21 P 3:46

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

I. FACILITY DESCRIPTION	AGENCY USE						
--------------------------------	-------------------	--	--	--	--	--	--

A. Name of Facility Where Discharge Will Occur: PRESTONSBURG WASTEWATER TREATMENT PLANT	Owner of Facility: PRESTONSBURG CITY'S UTILITIES COMM
Location - Number and Street or Other Identifier: 1741 NORTH LAKE DRIVE	County: FLOYD
City: PRESTONSBURG, KY 41653	

B. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. Yes <input type="checkbox"/> (Continue) No <input type="checkbox"/> (Go to C)	
Name of organization receiving discharge:	
Address: (Number and Street):	City:
State:	Zip Code:
Name of Facility (waste treatment plant) which ultimately receives discharge:	
Give your average daily flow into the receiving facility in mgd: mgd	

C. Discharge (See instructions)		
Discharge To	Number of Discharge Points	Total Volume Discharged (mgd)
Surface Water	1	0.652
Surface Impoundment With No Effluent		
Underground Percolation		
Well (Injection)		
Other (Describe):	1	VOLUME VARIES FROM ZERO TO-MAXIMUM PLANT DISCHARGE

D. Intermittent discharges (see instructions)		
Number of Bypass Points: 1	Overflow Points: 1	Number of Seasonal Discharge Points: 0

FACILITY DESCRIPTION (Continued)

E. Indicate the type and length (in feet) of the collection system used by this facility. (See instructions)	
Collection System Type: COMBINED SANITARY & STORM	Length (feet): 168,000
F. Municipalities or Area Served (See instructions)	
NAME	ACTUAL POPULATION SERVED
CITY OF PRESTONSBURG & SURROUNDING AREA	7,523
INCLUDING THE ALLEN CITY AREA	
Total population served: 7,523	

Total estimated average daily waste flow from all industrial sources: MGD

G. Maps and drawings (See instructions - Figure A and B)

H. Additional information (Attach additional sheets if needed)

II. BASIC DISCHARGE DESCRIPTION

A. Discharge Serial Number:	0012	Discharge Name (if any)	PRESTONSBURG WASTEWATER TREATMENT PLANT
Previous Discharge Serial Number (if any)			
B. Discharge Operating Dates: Beginning Date (yy/mm)	64/10		
If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge:			
C. Specify type of discharge point (See instructions)	SURFACE WATER		
D. Latitude and longitude of discharge point			
Latitude (degrees/minutes/seconds):	N37° 41' 27"	Longitude (degrees/minutes/seconds):	W83° 46' 35"
E. Name the waterway at the point of discharge (See instructions):			

BASIC DISCHARGE DESCRIPTION (Continued)

Complete Items F, G, or H as applicable: ☐ Not applicable

F. If discharge is from a bypass point:	WET WEATHER	DRY WEATHER
Check when bypass occurs:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Give the number of bypass incidents	per year	per year
Give the average duration of bypass	hours	hours
Give the average volume per incident	1,000 gallons	1,000 gallons

Give reasons why bypass occurs:

G. If discharge is from an overflow point:	WET WEATHER	DRY WEATHER
Check when overflow occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons

H. If discharge is intermittent from a holding pond, lagoon, etc: ☐ Not applicable

Give the number of times this discharge occurs per year:	
Give the average volume per discharge occurrence:	(1,000 gallons)
Give the average duration of each discharge:	(days)
List month(s) when the discharge occurs:	

I. Describe treatment units which apply to this discharge:

Using the codes listed in Table I of the instructions, describe in order of occurrence the treatment units applied (see example with Table) G, S, SC, C, ASN, N, D, DD, VP, P, PG, W, I, XN

Describe the sludge handling and disposal methods. (Please indicate disposal site.)

<p>ACTIVATED SLUDGE IS RETURNED TO THE PRIMARY CLARIFIERS AND MIXED WITH RAW SLUDGE, THEN PUMPED TO A SLUDGE PRESS, DISPOSAL AT GREEN VALLEY OR COOKSEY LANDFILL</p>

J. Check if the following are currently available:



Engineering Design Report



Operation and Maintenance Manual

BASIC DISCHARGE DESCRIPTION (continued)
K. Plant design data

Plant design flow:	1.0	mgd
Plant design 5-day BOD removal:	85	%
Plant design N removal:	N/A	%
Plant design P removal:	N/A	%
Plant design SS removal:	85	%
Plant began operation:	1964	(year)
Plant last major revision:	1995	(year)

K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	X	0.5600	0.5210	0.6760	CONT.	CONT.	N/A
00400 pH Units			6.92	7.42			
74028 Temperature (winter) °F							
74027 Temperature (summer) °F							
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)							
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				10	1/7	52	G
74056 Total Coliform Bacteria Number/100 ml (Provide if available)							
00310 BOD mg/l	204	4	3	6	1/7	52	C
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)							
50060 Chlorine - Total Residual mg/l	<0.010	<0.010	<0.016	<0.010	1/7	52	G
00500 Total Solids mg/l							
70300 Total Dissolved Solids mg/l							
00530 Total Suspended Solids mg/l	205	6	4	10	1/7	52	C

II.L. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545 Settleable Matter (Residue) ml/l	X	5	0.55	11.7	1/7	52	C
00610 Ammonia (asN)* mg/l							
00625 Kjeldahl Nitrogen* mg/l							
00615 Nitrite (as N)* mg/l							
00620 Nitrate (as N)* mg/l							
00665 Phosphorus Total (as P)* mg/l							
00300 Dissolved Oxygen (DO) mg/l		6.0	5.0	7.8	1/7	52	G
01092 Zinc - Total mg/l							
00940 Chloride mg/l							
Hardness - Total (as CaCO ₃) mg/l							

* Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

PARAMETER (215)		PARAMETER (215)		PARAMETER (215)	
<input type="checkbox"/>	Bromide 71870	<input type="checkbox"/>	Cobalt 01037	<input type="checkbox"/>	Thallium 01059
<input type="checkbox"/>	Cyanide 00720	<input type="checkbox"/>	Chromium 01034	<input type="checkbox"/>	Titanium 01152
<input type="checkbox"/>	Fluoride 00951	<input type="checkbox"/>	Copper 01042	<input type="checkbox"/>	Tin 01102
<input type="checkbox"/>	Sulfide 00745	<input type="checkbox"/>	Iron 01045	<input type="checkbox"/>	Algicides* 74051
<input type="checkbox"/>	Aluminum 01105	<input type="checkbox"/>	Lead 01051	<input type="checkbox"/>	Chlorinated organic compounds* 74052
<input type="checkbox"/>	Antimony 01097	<input type="checkbox"/>	Manganese 01055	<input type="checkbox"/>	Oil and grease 00550
<input type="checkbox"/>	Arsenic 01002	<input type="checkbox"/>	Mercury 71900	<input type="checkbox"/>	Pesticides* 00550
<input type="checkbox"/>	Beryllium 01012	<input type="checkbox"/>	Molybdenum 01062	<input type="checkbox"/>	Phenols 32730
<input type="checkbox"/>	Barium 01007	<input type="checkbox"/>	Nickel 01067	<input type="checkbox"/>	Surfactants 38260
<input type="checkbox"/>	Boron 10122	<input type="checkbox"/>	Selenium 01147	<input type="checkbox"/>	Radioactivity* 74050
<input type="checkbox"/>	Cadmium 01027	<input type="checkbox"/>	Silver 01077		

* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

II. BASIC DISCHARGE DESCRIPTION (Continued)

N. Is there an alternative power source for major pumping facility including those for collection system lift stations?

☒ Yes ☐ No

Is there an alarm for power or equipment failure? ☒ Yes ☐ No

O. Additional information:

[illegible]

III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION (See Instructions)

A. Improvements required:

1. List the discharge serial numbers, assigned in Item II, that are covered by this implementation schedule.

--	--	--	--	--

2. List the authority or authorities which ordered the improvements (See instructions).

3. Specify the 3-character code from Table II, General Action Description, that best describes the improvements required by the implementation schedule. Also list all the Specific Action, 3-character codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

General Action Description			
Specific Action Description(s)			

B. Provide dates imposed by schedule and actual completion dates for implementation steps listed.

Implementation Step	Scheduled Completion (Year/Month/Day)	Actual Completion (Year/Month/Day)
Preliminary plan completion		
Final plan completion		
Financing complete and contract award		
Site acquisition		
Start of construction		
End of Construction		
Start of discharge		
Attainment of operational level		

TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR

INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)

A. Name of Major Contributing Facility:

Number and Street:

City, State, Zip Code:

County:

B. Primary Standard Industrial Classification Code:

C. Principal product or raw material (see instructions).

	Quantity	Units (See Table III)
Product		
Raw Material		

Brief description of production process:

D. Indicate volume of water discharged into the municipal system: (gallons per day)

Is discharge: ☐ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system? ☐ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name							
Parameter Number							
Value							
Parameter Name							
Parameter Number							
Value							

PRETREATMENT AND LOCAL LIMITS


1. Pretreatment Program. Does this facility have an approved pretreatment program?	
<input type="checkbox"/> Yes (complete item 2 - 4)	<input checked="" type="checkbox"/> No (go to Section VI) PRELIMINARY REVIEW BY DOW-WAITING FOR ADOPTION
2. Is this facility required to establish local limits?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are the local limits technically-based?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has a technical evaluation of the need to revise this facility's local limits been completed?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, attach a copy of the evaluation)	
If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.	

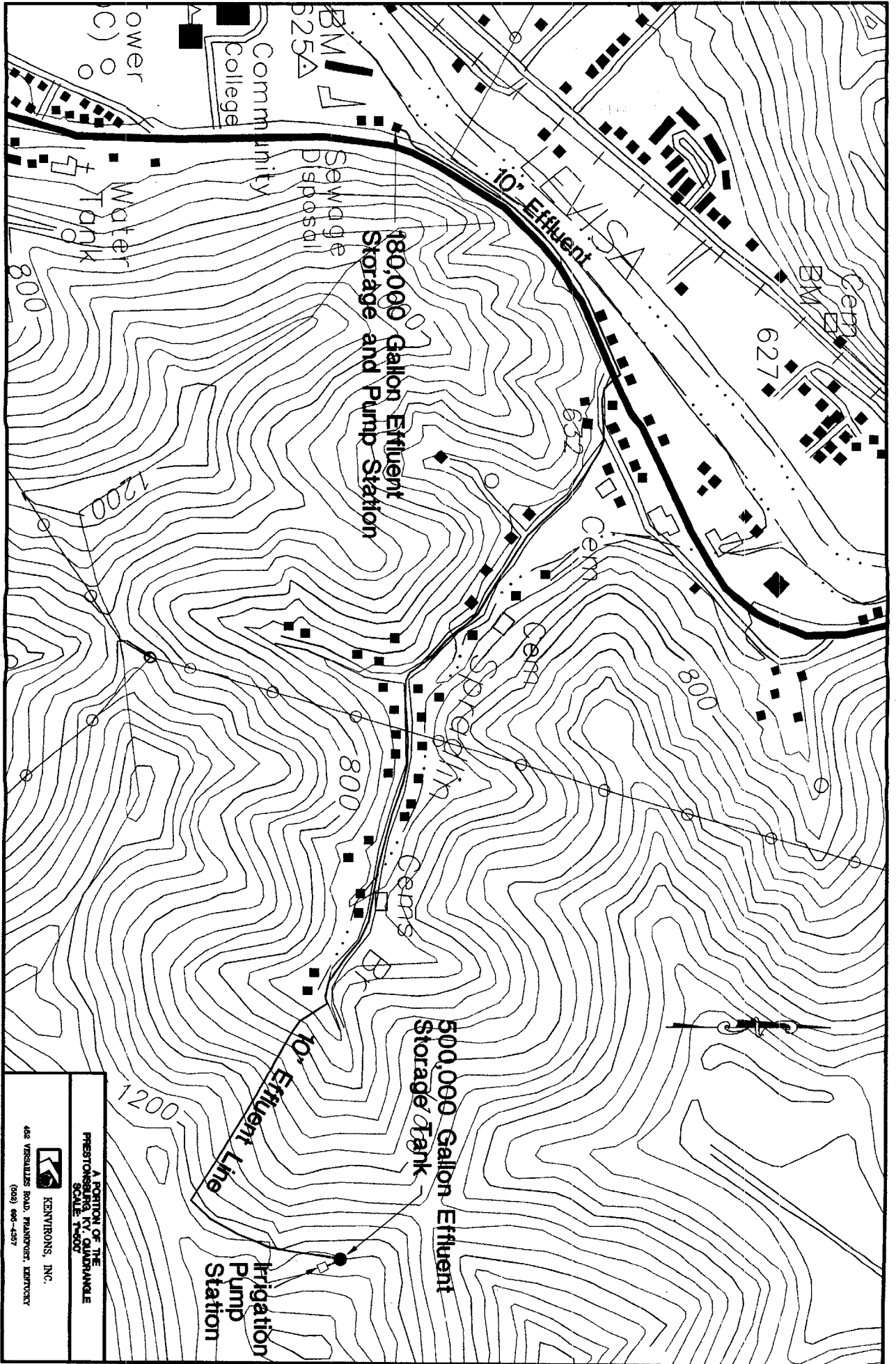
VII. BIOLOGICAL TEST DATA (BIOMONITORING)

1. Does the current KPDES permit require biological testing and reporting?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (Complete Item 2)
2. Has biological testing been performed on the POTW effluent?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, attach a copy of results and lab sheets.	
(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)	

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (Type or Print)	PHONE NO. (Area Code and Number)
LARRY PRATER	(606) 886-6181
SIGNATURE	DATE
	6-17-05

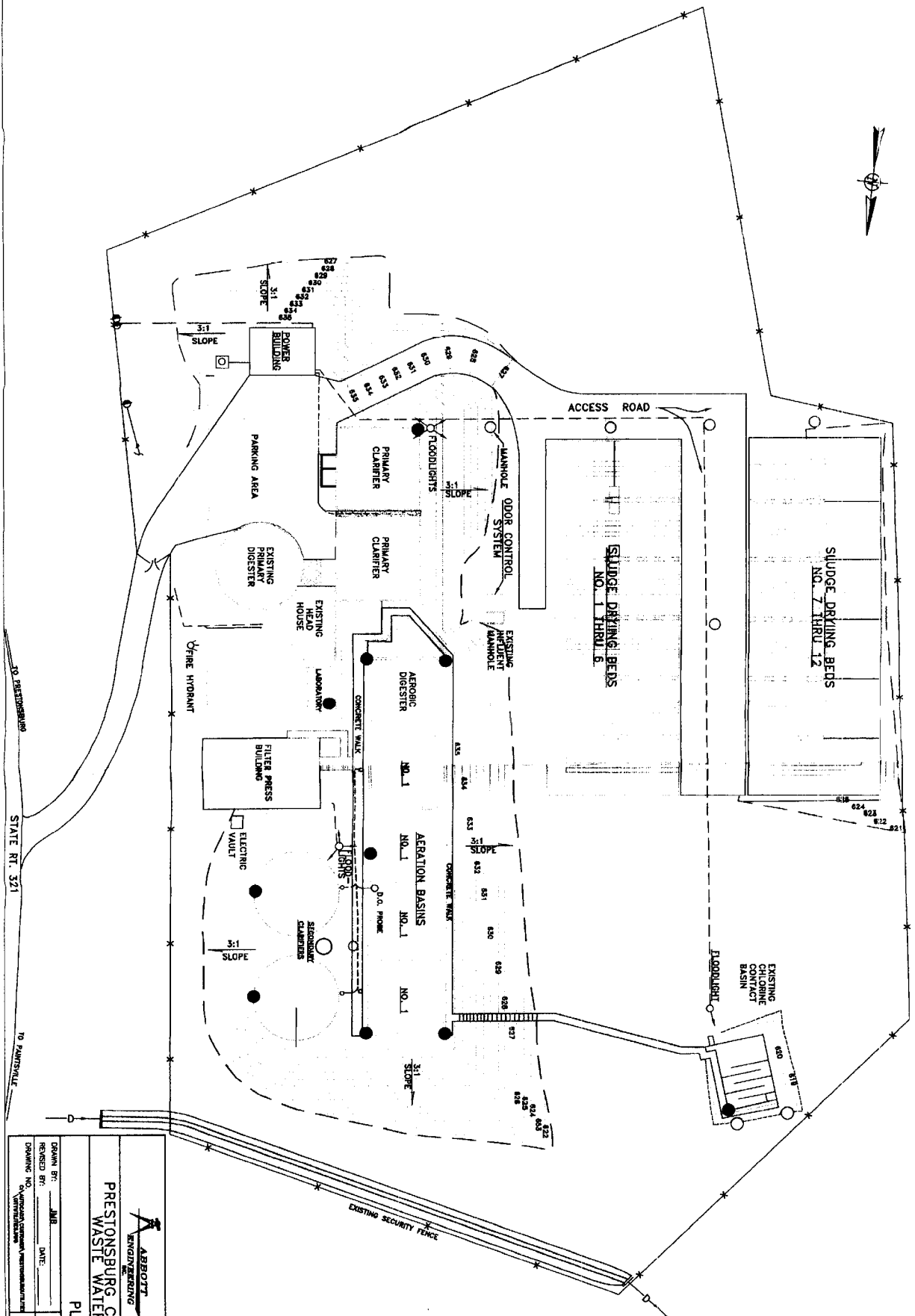


A PORTION OF THE
PRESTON ROAD CORRIDOR
SCALE 1"=400'



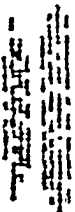
KENIVRONS, INC.

462 VERMILION ROAD, FRANKFORT, KENTUCKY
(502) 696-4357



ABBOTT ENGINEERING	
3079 Ky. Route 321 Prestonsburg, Ky. 41669 (606) 865-1541	
PRESTONSBURG CITY'S UTILITY COMMISSION	
WASTE WATER TREATMENT PLANT	
PLAN VIEW	
DRAWN BY: JMG	DATE: 06-15-05
REVIEWED BY:	SCALE: N.T.S.
DRAWING NO. 04-00000000000000000000	

2	8
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Any person discharging wastewater exceeding the maximum allowable concentration as noted above, will be subject to a surcharge fee for each pound loading over and above the set limit. Any other amenable constituents requiring the addition of specific chemicals for proper treatment will also be subject to surcharge as noted on the Wastewater Discharge Permit. Exceedance of the effluent limits specified above shall not be deemed to constitute a violation of a permit condition or this ordinance if the appropriated surcharge fee is paid and the discharge does not cause interference or pass through of the POTW.

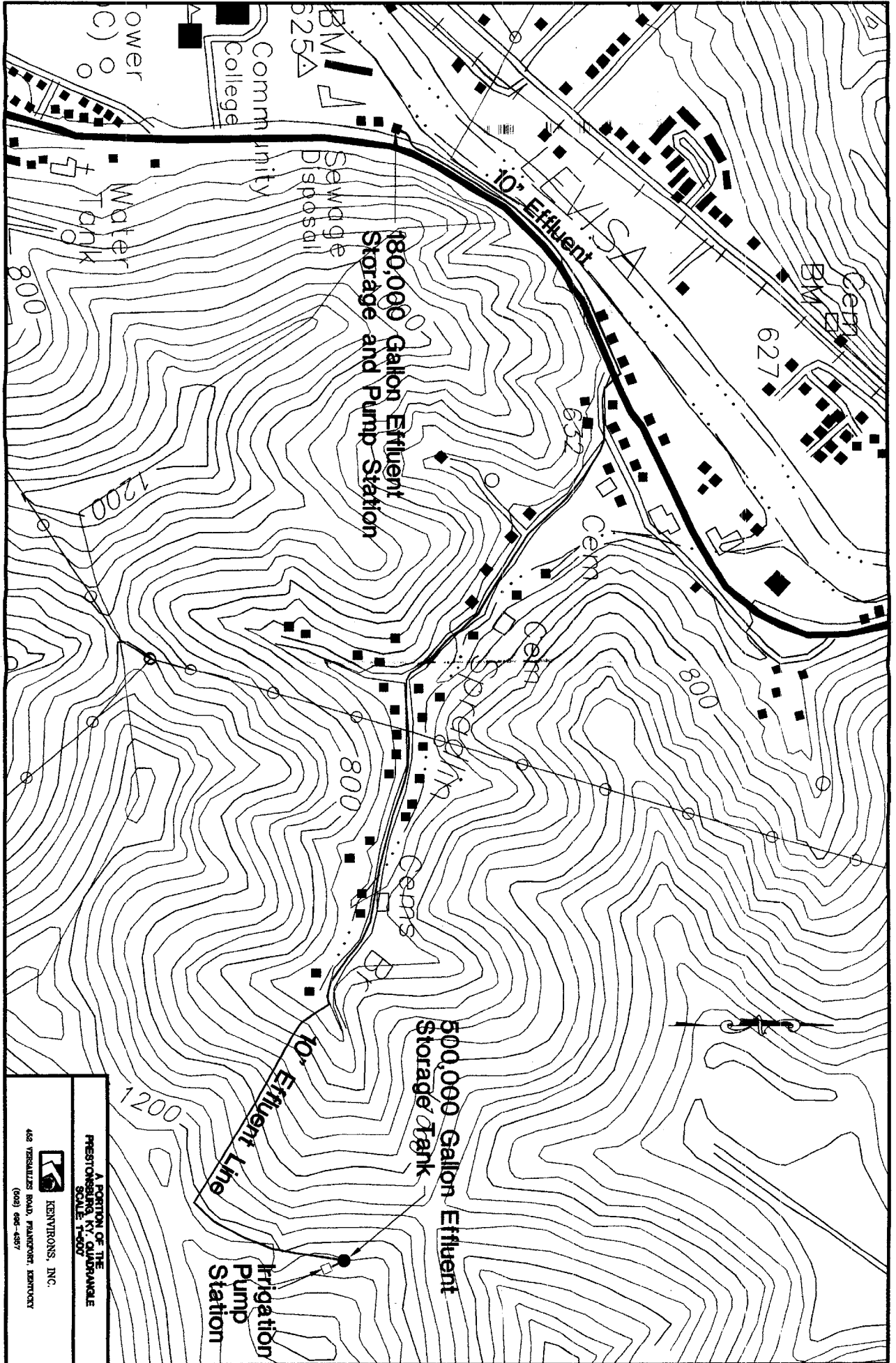
14. The following limitations are established for characteristics of any wastewaters to be discharged into the municipal sewer system. All significant industrial users must comply with these limitations where they are more stringent than applicable State and/or Federal Regulations.

<u>Parameter</u>	<u>Maximum Daily Concentration (mg/l)</u>
Arsenic	0.10
Cadmium	0.50
Chromium, Total	2.50
Copper	1.00
Cyanide, Total	1.90
Lead	0.30
Mercury	0.30
Nickel	1.00
Silver	0.20
Zinc	1.80
Total Toxic Organics	1.1

12. The City has received authority through the U.S. EPA and State Statutes to enforce the requirements of 40 CFR Subchapter N, 40 CFR 403, and 40 CFR Part 35. All users shall comply with the requirements of those regulations.

C. Dilution of Wastewater Discharge

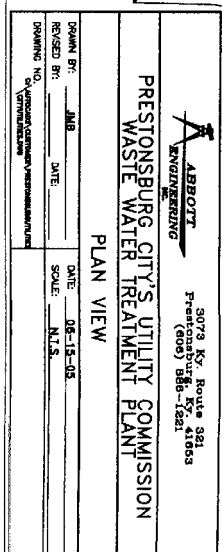
No user shall ever increase the use of process water or, in any way, attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the



A PORTION OF THE
PRESTONSBURG, KY. QUADRANGLE
SCALE 1"=500'

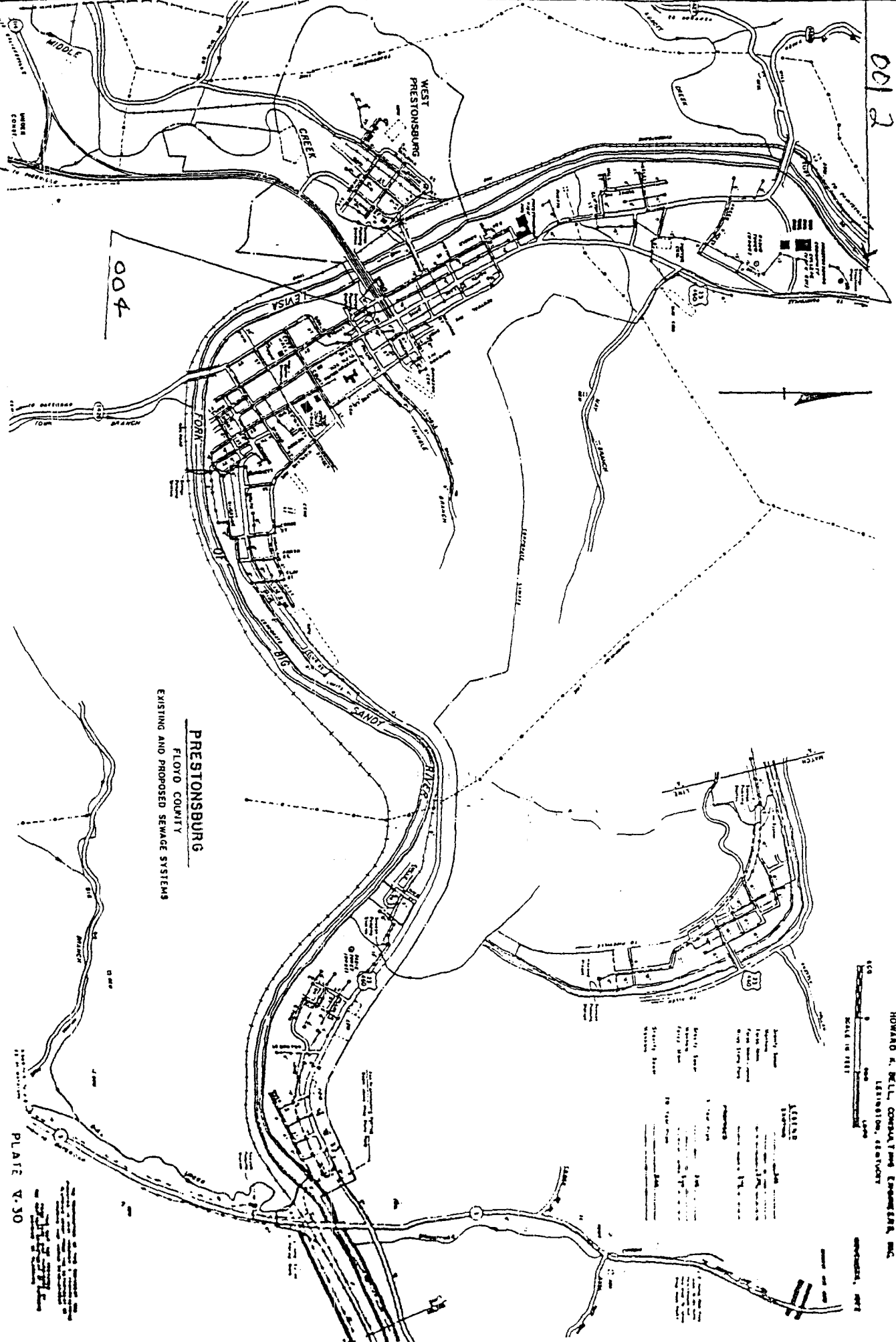


KENTICONS, INC.
402 VERMILION ROAD, PLAINFORD, KENTUCKY
(606) 666-4357



Prestonsburg Sewer Treatment Plant Discharge Side

001 2



150
100
50
0
MADE IN 1911

HOWARD A. BELL CONSULTING ENGINEERS, INC.
 LEXINGTON, KENTUCKY

LEGEND	
Existing Sewer	Proposed Sewer
Existing Storm Sewer	Proposed Storm Sewer
Existing Water Main	Proposed Water Main
Existing Gas Main	Proposed Gas Main
Existing Electric Line	Proposed Electric Line
Existing Telephone Line	Proposed Telephone Line
Existing Railroad	Proposed Railroad
Existing Highway	Proposed Highway
Existing Bridge	Proposed Bridge
Existing Building	Proposed Building
Existing Park	Proposed Park
Existing Cemetery	Proposed Cemetery
Existing School	Proposed School
Existing Church	Proposed Church
Existing Hospital	Proposed Hospital
Existing Prison	Proposed Prison
Existing Jail	Proposed Jail
Existing Court House	Proposed Court House
Existing City Hall	Proposed City Hall
Existing Post Office	Proposed Post Office
Existing Fire Station	Proposed Fire Station
Existing Police Station	Proposed Police Station
Existing Sheriff's Office	Proposed Sheriff's Office
Existing Jail	Proposed Jail
Existing Prison	Proposed Prison
Existing Court House	Proposed Court House
Existing City Hall	Proposed City Hall
Existing Post Office	Proposed Post Office
Existing Fire Station	Proposed Fire Station
Existing Police Station	Proposed Police Station
Existing Sheriff's Office	Proposed Sheriff's Office

PLATE V.30

Any person discharging wastewater exceeding the maximum allowable concentration as noted above, will be subject to a surcharge fee for each pound loading over and above the set limit. Any other amenable constituents requiring the addition of specific chemicals for proper treatment will also be subject to surcharge as noted on the Wastewater Discharge Permit. Exceedance of the effluent limits specified above shall not be deemed to constitute a violation of a permit condition or this ordinance if the appropriated surcharge fee is paid and the discharge does not cause interference or pass through of the POTW.

14. The following limitations are established for characteristics of any wastewaters to be discharged into the municipal sewer system. All significant industrial users must comply with these limitations where they are more stringent than applicable State and/or Federal Regulations.

<u>Parameter</u>	<u>Maximum Daily Concentration (mg/l)</u>
Arsenic	0.10
Cadmium	0.50
Chromium, Total	2.50
Copper	1.00
Cyanide, Total	1.90
Lead	0.30
Mercury	0.30
Nickel	1.00
Silver	0.20
Zinc	1.80
Total Toxic Organics	1.1

12. The City has received authority through the U.S. EPA and State Statutes to enforce the requirements of 40 CFR Subchapter N, 40 CFR 403, and 40 CFR Part 35. All users shall comply with the requirements of those regulations.

C. Dilution of Wastewater Discharge

No user shall ever increase the use of process water or, in any way, attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the



ERNE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

LAJUANA S. WILCHER
SECRETARY

May 14, 2005

Larry Prather, Operator
Prestonsburg City Utilities Commission
2560 South Lake Drive
Prestonsburg, Kentucky 41653

Re: KPDES No.: KY0027413
Prestonsburg Wastewater Treatment Plant
Floyd County, Kentucky

Dear Mr. Prather:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on December 31, 2005. According to KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is June 30, 2005.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-2225, extension 465.

Sincerely,

Courtney Seitz, Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

CS:TJB:tjb
Enclosures
c: Hazard Regional Office
Division of Water Files

